

Health Department, City of Baltimore.

Permit No. 98642 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Tyler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, 1 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give Street and Number. }

No. 1140 Hull's Lane

Cause of Death, { First (Primary), Cardiac Disease (Valvular) }
Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17 1889

Undertaker, Morrison

Place of Business, 48 East St

Alex. Hill,

M. D.

Medical Attendant.

Address, Coronet.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98643

Office of Registrar of Vital Statistics.

Ward 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alonzo Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

11 Months,

20 Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

11 mo 20 dys

Place of Death, { Give Street and Number. }

136 N. Hill st.

Cause of Death, { First (Primary),
Second (Immediate), }

Pennsylvania

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, March 19 1887

Undertaker, Hercules Ross

Place of Business, 404 East Ward

R. C. Lee M. D.

Medical Attendant

Address, Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98644

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Mary & James Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, White 1¹/₂

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 559 Walnut Alley

Cause of Death, { First (Primary), Second (Immediate), }

Prematrue Birth
Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Life

Place of Burial, Western Cemetery

Date of Burial, Mar 17th 1887

E. A. Cleary M. D.

{ Undertaker, J. Andrews }

{ Place of Business, Dundalk Avenue }

Address, Coughlin & R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. W. Roberts Inspector

Health Department, City of Baltimore.

Permit No. 98645

Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mch. 15th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sidney Elizabeth Stevens.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years,

Months,

Days.

Color, White.

Married, Single, Widower or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Worchester Co. Md.

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, { Give Street and Number. } Old No. 183 Battery Av. (183)

Cause of Death, { First (Primary), Chyonic Alburnum. Second (Immediate), Phlebitis. (Supposed cause) }

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park

Date of Burial, Mch 17th 1887

Undertaker, Amstong Davis

Place of Business, W. E. Leigh & Co.

R. J. H. Tall, M. D.

Medical Attendant.

Address, 524 Sharp, St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98646 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizavetae Elizaveta

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1 Years,

6 Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

n

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Child of

Duration of Residence in the City of Baltimore,

18 months

Place of Death, { Give Street and Number. }

820th Wisconsin St

X

Cause of Death, { First (Primary),

Cerebral Bronchitis

Second (Immediate),

Duration of Last Sickness,

Less than half a month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 17th 1887

Undertaker, William Dunge

M. D.

Medical Attendant.

Place of Business, 150 East St

Address, 203 McCaway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9864 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death, March 15 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 215 Forrest St

Cause of Death, { First (Primary), Broncho pneumonia
Second (Immediate), ascheirus }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17th } F. E. Chatard, M. D.

{ Undertaker, Evans & Spence } Medical Attendant.

{ Place of Business, 1000 E Balto. St. Address, 114 Park Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98648 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

March 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John and Elizabeth Hoffmann (Parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Minutes

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No. 14 S. E. 2nd St

Cause of Death, { First (Primary), Premature Birth (7 months) }

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th 1887

{ Undertaker, F. J. Haede }

John A. Stearns M. D.
Medical Attendant

{ Place of Business, 108 S. Caroline Street, Baltimore }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John H. De Goy Inspector

Health Department, City of Baltimore.

Permit No. 986479 Office of Registrar of Vital Statistics. Ward 172

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

28 Weeks

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Philadelphia Pa

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 16 Years -

Place of Death, { Give Street and Number. }

440 Foot av

Cause of Death, { First (Primary),
Second (Immediate), }

Inflammation of Bones

Duration of Last Sickness,

2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 18

Undertaker, B. Marshall

Place of Business, 115 West St

O. A. Cooke

M. D.

Medical Attendant.

Address, 104 Foot av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98650 Office of Registrar of Vital Statistics. Ward 157

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death, *March 17 1887*Full Name of Deceased, *Ellen J. Brown* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not } required in this line.

Age, *62* Years, Months, Days.Color, *White*

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, *Baltimore, Md.*Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore, Md.*Duration of Residence in the City of Baltimore, *57 years*Place of Death, { Give Street and Number. } *709 Light St.*Cause of Death, { First (Primary), *Pneumonia* Second (Immediate), }Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Park*Date of Burial, *March 19*{ Undertaker, *B. J. Hall* }

Theodore Cooke M. D.

Medical Attendant.

{ Place of Business, *115 West St.* }Address, *718 Hanover St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98651 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary L. Elout Bent

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, 9 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, MD

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give Street and Number. }

1608 S Charles St

Cause of Death, { First (Primary),

Diphtheria

Second (Immediate),

3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 17

Undertaker, B. McCall

Oct. Cooke M. D.

Medical Attendant.

Place of Business, 115 West St

Address, 104 Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]